Barling Police Department Security Check Report

ADDRESS NAME				
REQUEST MADE BY PHONE				
REASON FOR EXTRA PATROL: Premises will be vacant Other				
TYPE OF PREMISES: Business Residence Other:				
PROTECTED BY ALARM: Yes 🗌 No 🔲 IF YES, TYPE OF ALARM				
LIGHTS ON? Yes No CONSTANT? Yes No AUTOMATIC? Yes No				
KEYS LEFT WITH ANYONE? Yes \(\subseteq \text{No} \subseteq \)				
IF YES, NAME ADDRESS			PHONE	
OTHER PERSONS THAT WILL HAVE ACCESS TO PREMISES (Relatives, Workers, Neighbors, Etc.)				
IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? Yes \(\subseteq \text{No} \subseteq \)				
C/O NAME ADDRESS 1			PHONE	
I REQUEST THAT A SECURITY CHECK BE MADE OF MY PREMISES FROM TO				
ANY OTHER INFO. ?				
SIGNED _	SIGNED DATE OF REQUEST			
OFFICER'S SECURITY CHECK REPORT				
DATE	TIME	PREMISES SECURE (If not state type report filed or action taken)	OFFICERS SIGNATURE	